

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. APPLICANT(S)	FILING DATE
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1					52	
3		1					53	
4	1						54	
5		1					55	
6		1					56	
7		1					57	
8		1					58	
9		1					59	
10		1					60	
11		1					61	
12	1						62	
13	1						63	
14		1					64	
15		1					65	
16		1					66	
17		1					67	
18		1					68	
19		1					69	
20		1					70	
21	1						71	
22	1						72	
23	1						73	
24	1						74	
25	1						75	
26	1						76	
27		4					77	
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46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	10						TOTAL IND.	
TOTAL DEP.	20						TOTAL DEP.	
TOTAL CLAIMS	30						TOTAL CLAIMS	

CLAIMS ONLY

SERIAL NO.

10015671

FILING DATE

12/17/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	3					
TOTAL DEP.	16					
TOTAL CLAIMS	19					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS